

# SHARE

STATE OF NEW MEXICO  
DEPARTMENT OF FINANCE AND ADMINISTRATION

## Warrant/Voucher Information Sheet

907

VENDOR #

DATE 02/24/2012

Payee

\$ 270.00



Fund / Agency

000 66500

Document Number

AP 00283456

B4R

COD3

B4RCOD3

State of New Mexico

Voucher Batch Report

BusinessUnit 66500 Department of Health

Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD

AsofDate 02/20/2012

Voucher	Vchr	VchrLineDescr	Distr	Account	Account	Fund	VendorName	1099	Accounting	Period	PurchaseOrder	Invoice Number	Total Amount
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Number	Line	Line#	Description	WithHold	Year	Month							
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00283456	1	IS Meals & Lodging	1	542200	Employee I/S Meals & L	06101	MCGRATH BR-001		2012	02	0000084457	McGrath, Bradley	270 00
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												Total For Voucher	270 00
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**RECEIVED**

**FEB 21 2012**

**DFA**  
**FINANCIAL CONTROL**

FCI  
Bureau  
22

1

10

1. *Phragmites australis* (Cav.) Trin. ex Steud.

AGENCY

NAME DEPARTMENT OF HEALTH

STATE OF NEW MEXICO

ITEMIZED SCHEDULE  
OF TRAVEL EXPENSES

PAGE

1

DATE

2/9/2012

AGENCY

CODE

66500

VOUCHER NUMBER 00283456

NAME Bradley McGrath

CAR LICENSE NUMBER 0024115G

POST OF DUTY Santa Fe, NM

PROPOSED  
(ADVANCE VOUCHER) ☐

VENDOR NUMBER

MODEL Fusion

RESIDENCE Roswell, NM

ACTUAL  
(RECOUPMENT VOUCHER) ☒

REG. WORK DAY 8 AM - 5 PM

YEAR 2011

DATE	TIME SHOW AM OR PM		CHARACTER OF EXPENDITURES ENTER DESTINATION, NATURE OF OFFICIAL BUSINESS, PARTY CONTACTED AND MISCELLANEOUS INFORMATION	ODMETER/MAP MILE		AMOUNTS			
	DEPARTURE	ARRIVAL		ENTER START & FINISH	NO. OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	AMOUNTS
2/2/2012 ✓	1:30 PM		Departed Roswell, NM to Santa Fe, NM. Overnight.	State Vehicle			\$ 135.00		135.00
2/3/2012			Attend meetings with Jim Green, Dr Torres, Ft Bayard Medical staff and contracts. Overnight				\$ 135.00		135.00
2/4/2012 ✓		2:00 PM	Departed Santa Fe, NM to Roswell, NM NO PARTIAL DAY - Per diem						

Per Diem is Based on (Check One)

ACTUAL EXPENSES ☐APPROVED RATES ☒I certify that any payment sought on this voucher does not include  
reimbursement for alcoholic beverage. I further certify that no  
further payment will be sought for the travel/training covered by this voucher

TOTALS

0

0 00

270 00

0 00

270.00

ADVANCE AMOUNT  
50%

ADJUSTED

REIMBURSEMENT

Employee Signature Date

☒Check here if this claim is in compliance with the Nonroutine Reassignment  
provisions of the DFA Regulations Governing the Per Diem and Mileage Act

I

(TYPE PAYEE NAME)

I DO SOLEMNLY SWEAR THAT THE ABOVE CLAIM FOR REIMBURSEMENT IS JUST AND TRUE IN ALL RESPECTS AND  
COMPLIES WITH THE DFA REGULATIONS GOVERNING THE PER DIEM AND MILEAGE ACT.

PAYEE SIGNATURE

DATE 2/9/2012

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Business Unit: 66500

Voucher ID: 00283456

Voucher Style: Regular

Invoice Number: McGrath, Bradley

Invoice Date: 02/09/2012


Total: 270 00

Vendor: MCGRATH, BRADLEY K  
OFFICE OF FACILITIES MANAGEMENT  
SANTA FE, NM 87502\*Pay Terms: [Pay Now](#) | [Schedule Payments](#)

## Payment Information

[Find](#) | [View All](#) First 1 of 1 Last


Scheduled Payment: 1

\*Remit to:  Location: 001 \*Address: 1 MCGRATH, BRADLEY K  
OFFICE OF FACILITIES MANAGEMENT  
1190 S ST FRANCIS DR SUITE N-3059  
SANTA FE, NM 87502

Gross Amount: 270 00 USD

Discount: 0 00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 02/09/2012 

Net Due: 02/09/2012

Discount Due: \_\_\_\_\_

Accounting Date: \_\_\_\_\_

## Payment Method

\*Bank: WFB10

\*Account: B

\*Method: CHK Check

Pay Group: \_\_\_\_\_

\*Handling: RE

\*Netting: N 

Message: \*\*\*\*\*PLEASE HOLD PAYMENT/ DEPT. OF HEALTH\*\*\*\*\*


[Messages](#)

Message will appear on remittance advice.

[Schedule Payment](#)[Payment Options](#)

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Business Unit: 66500

Invoice Number: McGrath, Bradley

Voucher ID: 00283456

Invoice Date: 02/09/2012

Voucher Style: Regular

Total: 270.00

## Voucher Processing

☒ Post Voucher☐ Close Voucher☒ Revalue Voucher☐ Delete Voucher

## Accounting Instructions

\*Accounting Template: STANDARD 

Account At: Gross

## Match Action


\*Status: Matched

☐ Pay UnMatched Voucher

## Transaction Currency

\*Source: Tables

\*Currency: USD

Rate Type: CRRNT 

Exchange Rate: 1.00000000

## Voucher Approval

\*Approval: Specify at this Level

Business Process: PROCESS\_VOUCHERS

Approval Rule Set: Payment Approval Rule Set 1

## Self Billing Invoice

\*SBI Num Option: Group Vouchers (Auto-Nu


SBI Number:

## Prepayment

Prepayment Reference:

☐ Automatically Apply Prepayment ☐ Postpone Withholding

## Letter of Credit

Letter of Credit ID: 

## Tax Group